

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037942

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 454

FILED OCT 25 1962

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		c. CITY OR TOWN Oak Ridge	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Southeast Mo.		d. STREET ADDRESS Main Street	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Alvin Middle Randol Last Slinkard			4. DATE OF DEATH Month October Day 19 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/26/07	9. AGE (last birthday) 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Jackson, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME William Slinkard	13b. MOTHER'S MAIDEN NAME Ella Randol	14. NAME OF HUSBAND OR WIFE Cloe Huckstep Slinkard
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT Address Mrs. Cloe Slinkard Oak Ridge, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Neck	INTERVAL BETWEEN ONSET AND DEATH Few minutes
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fell 40 ft. from a ladder while preparing to paint a house.	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> Accident	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 3:31 p.m. Month, Day, Year 10-19-62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) a residence	20f. CITY, TOWN, OR LOCATION Cape Girardeau	COUNTY Cape	STATE Mo.
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) a residence	20f. CITY, TOWN, OR LOCATION Cape Girardeau	COUNTY Cape	STATE Mo.
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21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 3:50 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. J. Ford	(Degree or title) Coroner	22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 10-20-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/21/62	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
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24. FUNERAL DIRECTOR C. J. Lorberg	ADDRESS Cape Girardeau, Mo.	25. DATE RECD. BY LOCAL REG. 10-22-62	26. REGISTRAR'S SIGNATURE Lester Kasten
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

NOV 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of licensé).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Date certificate taken to Coroner: 10/20/62

Date certificate received from Coroner: 10/20/62